

## STATE OF VERMONT

## HUMAN SERVICES BOARD

In re ) Fair Hearing No. 13,001

)

Appeal of )

)

INTRODUCTION

The petitioner appeals the decision by the Department of Social Welfare finding him ineligible for medicaid until he meets a "spenddown" amount of \$438.00 for the six-month period beginning August 1, 1994. The issue is whether the Department correctly calculated the petitioner's income and applied the applicable regulations.

FINDINGS OF FACT

The petitioner's medicaid eligibility underwent a six-month periodic review by the Department in July, 1994. The petitioner does not dispute that his and his wife's net income (after the standard \$20.00 "disregard") is \$806.00 a month. This places the petitioner \$73.00 over the "protected income level" in the regulations, which is \$733.00 for a household of two persons.<sup>(1)</sup>

For the six month certification period beginning August 1, 1994, this results in an "applied income" of \$438.00 (\$73.00 x 6 months), which is the amount of medical expenses

the petitioner and his wife must incur--not spend--in that six month period before they are eligible for medicaid.<sup>(2)</sup>

The petitioner requested the hearing because he had not been subject to any applied income for the previous six months. At the hearing it was explained to the petitioner that this was because his social security income had increased slightly and the Department had previously deducted from his income payments he made for his medicare premiums. At some point in 1994, however, the Department began paying the petitioner's medicare premium under a newly-instituted special program. Therefore, the petitioner no longer qualifies for this deduction from his income in determining his eligibility for medicaid.<sup>(3)</sup>

ORDER

The Department's decision is affirmed.

### REASONS

Although the petitioner was understandably confused by the reasons for the change in his medicaid, the hearing officer is satisfied that the Department correctly calculated the petitioner's income and the deductions he is eligible for, and that it accurately applied the regulations (see supra) in determining the petitioner's benefits. Therefore, the Department's decision must be affirmed. 3 V.S.A. § 3091(d) and Fair Hearing Rule No. 19.

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1. See Medicaid Manual (MM) § 240.
2. See MM §§ M422-M434.
3. It is still to the petitioner's overall benefit to have the Department to continue to make this payment.